

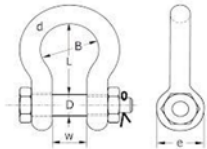


Al Takamul Company for Engineering Services  
Quality Control – Iraq

## LIFTING ACCESSORIES OF VISUAL AND THOROUGH EXAMINATION

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

|                      |             |                           |                 |
|----------------------|-------------|---------------------------|-----------------|
| Client:              | SLB BASRA   | Certificate no:           | QC-SLB-25193-30 |
| Location:            | SLICK LINE  | Job Order No:             | QC-SLB-25193    |
| Date of Examination: | 23/Jul/2025 | Next Inspection Due:      | 22/Jan/2026     |
| Last Inspection      |             | Last Proof Load Test Date |                 |
| N/A                  |             | BY MANUFACTURE            |                 |

| IDENTIFICATION NO                                                                                                                           | DESCRIPTION                                                                                                                                                                                                                             |   |    |   |                                                      |   | QTY | SWL       |     |   |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|---|------------------------------------------------------|---|-----|-----------|-----|---|
| NE3928                                                                                                                                      | <div><div><u>Safety pin bow Shackles</u></div><div><div>Size: 1-1/8’’</div><div>Grade: 6</div><div>Manufacturer: GUNNEBO</div></div><div></div></div> |   |    |   |                                                      |   | 01  | 9.5 TON   |     |   |
| Applicable Reference Standard:                                                                                                              | BS EN 13889 / US FED SPEC RR-C-27 1 D                                                                                                                                                                                                   |   |    |   |                                                      |   |     |           |     |   |
| * Is this the first examination after installation or assembly at a new site or location?                                                   |                                                                                                                                                                                                                                         |   |    |   | Was the examination carried out?                     |   |     |           |     |   |
|                                                                                                                                             | YES                                                                                                                                                                                                                                     |   | NO | √ | * Within an interval of 6 months?                    |   | YES | √         | NO  |   |
|                                                                                                                                             |                                                                                                                                                                                                                                         |   |    |   | * Within an interval of 12 months?                   |   | YES |           | NO  | √ |
| * If the answer to the above question is YES has the equipment been installed correctly?                                                    | YES                                                                                                                                                                                                                                     | √ | NO |   | * By an examination scheme?                          |   | YES | √         | NO  |   |
|                                                                                                                                             |                                                                                                                                                                                                                                         |   |    |   | * After the occurrence of exceptional circumstances? |   | YES |           | NO  | √ |
| Identification Of Any Part Found To Have A Defect Which Is Or Could Become A Danger To Persons And A Description Of The Defect: <b>None</b> |                                                                                                                                                                                                                                         |   |    |   |                                                      |   |     |           |     |   |
| Is The Above A Defect Which Is Of Immediate Danger To Persons                                                                               |                                                                                                                                                                                                                                         |   |    |   |                                                      |   | YES |           | NO  | √ |
| Is The Above A Defect Which Is Not Yet But Could Become A Danger To Persons:<br>(If YES State The Date By When)                             |                                                                                                                                                                                                                                         |   |    |   | NO                                                   | √ | YES |           | By: |   |
| Particulars Of Any Repair, Renewal, Or Alteration Required To Remedy The Defect Identified Above: <b>None</b>                               |                                                                                                                                                                                                                                         |   |    |   |                                                      |   |     |           |     |   |
| ** Visual And Dimension Check was Carried Out.                                                                                              |                                                                                                                                                                                                                                         |   |    |   |                                                      |   |     |           |     |   |
| Is This Equipment Safe To Operate?                                                                                                          |                                                                                                                                                                                                                                         |   |    |   | Yes Accept                                           |   | √   | NO Reject |     |   |

|                                      |                                                                                     |                             |            |
|--------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|------------|
| LEEA & ASNT Level II Inspector Name: | SIGNATURE:                                                                          | Authenticating This Report: | SIGNATURE: |
| Mohemed Abdulla                      |  | Ashraf Alsaad               |            |

**THIS IS TO CERTIFY THAT:** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

